

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014719

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098

Primary Registration District No.

Registrar's No. 81

FILED APR 17 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY DAKIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DAKIESS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON TWP		c. CITY OR TOWN WINSTON	
Length of stay in 1b 2 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WINSTON		d. STREET ADDRESS (If outside, give location) JEFFERSON	
3. NAME OF DECEASED (Type or print) First LEWIS Middle GRANT Last MORRISON		4. DATE OF DEATH Month APRIL Day -11- Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-3-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY MO	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME LEWIS MORRISON		13b. MOTHER'S MAIDEN NAME NANCY BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 2 LUTHE MORRISON WINSTON, MO R.R.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senile Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 mos	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senile Atherosclerosis		DUE TO (c) 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:00 P M Month, Day, Year Jan. 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jan. 1962		20f. CITY, TOWN, OR LOCATION 4-11-62	
21. I attended the deceased from 8:00 P M to 4-11-62 and last saw him alive on 4-11-62		Death occurred at 8:00 P M m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Floyd E. Nelson (Degree or title)		22b. ADDRESS Galatien MO.	
22c. DATE SIGNED 4-13-62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 4-14-62		23c. NAME OF CEMETERY OR CREMATORY WINSTON	
23d. LOCATION (City, town, or county) WINSTON		23e. DATE RECD. BY LOCAL REG. 14 April 1962	
23f. FUNERAL DIRECTOR Stroup Funeral Service Winston		23g. REGISTRAR'S SIGNATURE Floyd E. Nelson	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Virgil E. Stramp

Licensed Embalmer No. 4074

P. O. Address Winston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.